MONTELLO CARE CENTER, INC.

251 FOREST LANE

MONTELLO 53949 Phone: (608) 297-2153		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	46	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	46	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	42	Average Daily Census:	44

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	% 	. 5 1	용 		16.7 52.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		7.1	More Than 4 Years	19.0
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	26.2 2.4		0.0 38.1	 	88.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	4.8			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	9.5		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	9.5	65 & Over	92.9		
Transportation	No	Cerebrovascular	26.2			RNs	9.2
Referral Service	No	Diabetes	2.4	Gender	용	LPNs	11.2
Other Services	No	Respiratory	2.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.7	Male	19.0	Aides, & Orderlies	43.5
Mentally Ill	No			Female	81.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No			1	100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	321	30	100.0	116	0	0.0	0	8	100.0	132	0	0.0	0	0	0.0	0	42	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		30	100.0		0	0.0		8	100.0		0	0.0		0	0.0		42	100.0

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Deaths During Reporting Period	1						
3 2 3	į				% Needing		Total
Percent Admissions from:	1	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		71.4	28.6	42
Other Nursing Homes	2.3	Dressing	7.1		26.2	66.7	42
Acute Care Hospitals	79.5	Transferring	14.3		47.6	38.1	42
Psych. HospMR/DD Facilities	0.0		9.5		42.9	47.6	42
Rehabilitation Hospitals	4.5	Eating	78.6		4.8	16.7	42
Other Locations	4.5	******	******	*****	*****	******	*****
Total Number of Admissions	44	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	11.9	Receiving Resp	iratory Care	4.8
Private Home/No Home Health	15.9	Occ/Freq. Incontinen	t of Bladder	61.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.5	Occ/Freq. Incontinen	t of Bowel	57.1	Receiving Suct	ioning	2.4
Other Nursing Homes	4.5				Receiving Osto	my Care	7.1
Acute Care Hospitals	22.7	Mobility			Receiving Tube	Feeding	2.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	11.9	Receiving Mech	anically Altered Diets	28.6
Rehabilitation Hospitals	0.0						
Other Locations	4.5	Skin Care			Other Resident C	haracteristics	
Deaths	31.8	With Pressure Sores		4.8	Have Advance D	irectives	81.0
Total Number of Discharges	į	With Rashes		0.0	Medications		
(Including Deaths)	44				Receiving Psyc	hoactive Drugs	33.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	90	8	Ratio	용	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	86.2	1.11	89.7	1.07	84.0	1.14	87.4	1.09
Current Residents from In-County	83.3	78.8	1.06	66.7	1.25	76.2	1.09	76.7	1.09
Admissions from In-County, Still Residing	25.0	24.5	1.02	28.0	0.89	22.2	1.13	19.6	1.27
Admissions/Average Daily Census	100.0	110.9	0.90	74.8	1.34	122.3	0.82	141.3	0.71
Discharges/Average Daily Census	100.0	116.1	0.86	78.2	1.28	124.3	0.80	142.5	0.70
Discharges To Private Residence/Average Daily Census	36.4	44.0	0.83	14.1	2.58	53.4	0.68	61.6	0.59
Residents Receiving Skilled Care	100	94.4	1.06	81.4	1.23	94.8	1.05	88.1	1.14
Residents Aged 65 and Older	92.9	96.1	0.97	90.0	1.03	93.5	0.99	87.8	1.06
Title 19 (Medicaid) Funded Residents	71.4	68.3	1.05	74.0	0.96	69.5	1.03	65.9	1.08
Private Pay Funded Residents	19.0	22.4	0.85	16.0	1.19	19.4	0.98	21.0	0.91
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	28.6	36.9	0.77	60.6	0.47	36.5	0.78	33.6	0.85
General Medical Service Residents	16.7	17.2	0.97	11.3	1.48	18.8	0.89	20.6	0.81
Impaired ADL (Mean)	59.0	48.1	1.23	46.5	1.27	46.9	1.26	49.4	1.19
Psychological Problems	33.3	57.5	0.58	62.3	0.53	58.4	0.57	57.4	0.58
Nursing Care Required (Mean)	6.3	6.8	0.92	5.0	1.24	7.2	0.87	7.3	0.85